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ABSTRACT

Contents of this paper focus on various ideas about caring and on the genesis of caring in the human individual. In the first section the concept of caring is analyzed from four perspectives: (1) the conception of caring as being biologically determined, (2) sociocultural and transcendental conceptions of caring, (3) cognitive, affective, and behavioral aspects of caring, and (4) dynamic aspects of the caring relationship. An attempt is made to synthesize commonalities from these frameworks into a more comprehensive definition. Subsequently, research on facilitating the development of caring individuals in the family, in day care centers, and in preschools is examined. Three main questions are addressed: Are there common characteristics, backgrounds, or personality traits of caring individuals? What are some of the conditions which are likely to facilitate caring in the mother/child relationship? and, What are some of the conditions that are likely to facilitate caring in day care centers and preschools? (RH)

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Conceptions of Caring and Implications for Early Childhood Education

Barbara Beyerbach

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CONCEPTIONS OF CARING

One line of psychological investigation has led individuals to study an enormous variety of infinitesimal aspects of experience in hope of piecing together insights from these studies to form a more complete picture of who we are. A complementary approach, utilized in this paper, has been to analyze, reformulate, and hopefully deepen our understanding of concepts that are so central in our thought that they may be said to constitute and determine that essence of our being. The concept of caring is one such concept, and our conception of caring influences our thought, feeling, and action in an increasingly institutionalized society, perhaps more than ever before.

The title, "Conceptions of Caring," represents a dual focus: first on various formulations or ideas of caring, and second on the genesis of caring in the human individual. These foci are interrelated, as a number of authors (Noddings, 1979; Gaylin, 1976; and Montagu, 1972) define caring in terms of the mother-child paradigm, and utilize the mother-infant bonding process as the symbolic genesis of what Noddings (1979) refers to as ontological caring.

In the following work, the concept of caring will be analyzed from the following perspectives:

1. Caring as biologically determined;
2. Sociocultural and transcendental conceptions of caring;
3. Cognitive, affective, and behavioral aspects of caring; and,
4. Dynamic aspects of the caring relationship.

An attempt will be made to synthesize commonalities from these frameworks into a more comprehensive definition of caring. It will be argued that the concepts of "dependence," "independence," and "interdependence" are significant in varying conceptions of caring and the relationship between dependency and caring will be explored.

Moving from theoretical to more practical considerations, the following questions will be considered in relation to early childhood education. Because all of the authors considered emphasize early childhood experiences as essential to developing caring individuals, the research examined in this section will focus on that critical time period.

1. Who cares? Are there common characteristics, backgrounds, or personality traits of caring individuals?
2. What are some of the conditions which are likely to facilitate caring in the mother-child relationship?
3. What are some of the conditions that are likely to facilitate caring in our day care centers and preschools?

In a time when we are increasingly institutionalizing care--for the elderly, the disabled, preschool children and infants, and the unemployed--an understanding of the nature of caring, and of conditions facilitating caring is of prime importance. This is especially true if, as Willard Gaylin (1978) points out:

> Psychological definitions tend to become self-fulfilling prophecies. It is part of our human strength to be able to redefine our nature. (p. 10)

For example, if we perceive caring as identification with another's need, and projection that we could be in a similar circumstance therefore generating concern for that other ("Do unto others. . . ."), caring becomes a matter of personal responsibility, a moral ought, as well as a means of self protection. However, if we perceive caring as a transcendental identification with the species (or "life" or "the universe" . . .) as a whole involving ego dissolution and the attainment of "higher consciousness," then caring becomes a level of social consciousness (Erikson's generative stage), an ontological reality, and a means of species preservation. The former conception has some democratic, pragmatic implications, whereas the latter has some "religious," socialistic ones. Perhaps a synthesis of these views, if possible, would lead to another conception of caring, with yet different personal and political implications.

Caring as Biologically Determined

A number of authors (Noddings, 1979; Montagu, 1971; and Gaylin, 1976) begin their analysis of caring with the claim that caring is a biologically determined response triggered by the neonate in the mother-infant contact, and is necessary for survival. Gaylin states,

> If there is one fact founded in his biology, essential to his survival, and uniquely his own, it is that Homo Sapiens is supremely a loving animal and a caring one. (1976, p. 10)

He argues that the most unique aspect of man is the long period of time that he is totally helpless and dependent as an infant, and that this dependence necessitates an innate propensity towards caring in the mother to insure the survival of the infant, and of the species. Gaylin cites research on institutionalized infants supporting the claim that social contact is essential to the development of a person who cares and is caring. He warns us that whereas the capacity for caring is biologically rooted, it may be encouraged or destroyed in the dependency period (1976).

Gaylin's emphasis on the importance of the dependency period in development is compatible with traditional psychoanalytic theories. However, Freud would not have described caring as a primary biological drive, rather as a derived one developed to serve the ego in achieving more

self-centered aims. According to Freudian theory, the newborn infant is driven by the id--a desire for self-pleasure--achieved primarily through sucking and orality. If the infant's needs are met as promptly and completely as possible at this stage, he will be better able to move on to subsequent psychosexual conflicts and stages. To the degree that needs are not met in infancy and early childhood, Freud would probably argue that the individual's capacity for caring will be limited, the individual will remain partially fixated at the oral stage (Baldwin, 1980).

Freudian theory accounts for the development of caring by saying that the individual grows to realize that caring is self serving; for example, if I act nice to others it is more likely they will act nice to me. Thus, in part, caring is seen as an ego function--the ego being the interactive mechanism of the individual which fulfills instinctual desires through a realization of the "reality principle." The development of caring is also facilitated by the development of the "super-ego," the third structured component of the personality which is an internalization of parental and societal rules. Thus, not only fulfilling children's needs by parents, but also expecting caring, prosocial behavior of children would be seen by Freud as facilitative in the development of caring individuals (Baldwin, 1980).

Freud also postulates a number of defense mechanisms which would account for caring behavior, though again unconsciously this caring would be motivated by more selfish motives. Thomas (1979) points out that caring for children, or philanthropic activity, may be one way the adolescent supresses his sex drive. Reaction formation is postulated to be a defense mechanism in which an unacceptable impulse is kept from consciousness through acting the opposite from how one desires. Thus, an individual may hate his younger sibling and compensate for this by being overly nice to him, without any awareness of the unconscious hate.

> But this same reaction formation against hostility may gradually grow into a genuine altruism. Its historical root is the defense against hostile feelings, but it has found an effective and socially valuable form of expression that does not have the rigidity and the exaggerated qualities of reaction formation. This is an example of sublimation. (Baldwin, 1980, p. 363)

Thus for a Freudian, prosocial behavior does not necessitate, but could indicate an altruistic intent. True altruism may grow out of a reaction formation against hostility.

Gaylin criticizes traditional psychoanalytic theory for its emphasis on intrapsychic conflict rather than on interpersonal conflicts centering around the concepts of dependency and survival. He states, "The first mechanism of survival is neither fight nor flight, but rather something that might be called clutch or cling" (1976, p. 38).

A tendency towards caring, for Gaylin, is innate rather than learned, essential rather than derivative, though learning and certain conditions of experience are necessary for this tendency to be realized. The experiences of the dependency period will pave the way, ideally, for a more abstract, species-oriented form of caring, according to Gaylin, in which there is an inborn sensitivity to and concern for those we perceive as helpless (1976).

Adler, a neo-Freudian, sees the development of caring as rooted in the aggressive drive (similar to Freud's reaction formation), but leading to the development of a "social feeling."

> Charity, sympathy, altruism and sensitive interest in misery represent new satisfactions on which the drive, which originally tended towards cruelty, feeds. If this seems strange, it is nevertheless easy to recognize that a real understanding for suffering and pain can only come from an original interest in the world of torment. (Scarf, 1971, p. 44)

Adler sees the role of the therapist as providing loving contact, as would a mother, and helping the client to transfer this awakened social feeling to others.

Jung, another neo-Freudian, perceives caring as innate in the individual's biology. Two components inherent in the individual's personality are the anima and animas, the feminine and masculine principles. The feminine principle includes capacities for nurturance, feelings, and a oneness for nature, whereas the masculine

principle includes logical thought, heroic assertion, and conquest of nature. According to Jung, we are all biologically bisexual, though culture tends to exaggerate the differences between the sexes (Crain, 1980). Jung also claims that we experience a mid-life crisis and tend to balance our personalities. Thus, whereas women are more nurturative early in life (Mother-Earth raising children), men become more so after mid-life;(hence the archtype, the wise old man). Whereas Freud perceived man to be basically antisocial, Karen Horney, another neo-Freudian, felt that the real self's potential to be warm, joyful, and spontaneous, in short, to reach "self realization" exists in everyone (Cherry & Cherry, 1973). Of the psychoanalytic theorists discussed, Gaylin's conception of caring comes closest to Karen Horney, and he would agree with her emphasis on the child's need for security and self-confidence in becoming a caring individual.

Ashley Montagu, in his book Touching (1971), supports a biological model of caring and emphasizes the importance of touching in the development of caring individuals. He argues convincingly that touch is an inborn response of the mother to the neonate in mammals, citing the animal research of Harry Harlow and others as evidence of the importance of touch in normal development. He then delineates experiential and dynamic factors in the mother-child relationship that bring about human caring:

> Maternal affection is defined by these authors as a function of many different conditions involving external incentive stimulation, different conditions of experience, and many endocrinological factors. External incentives are those relating to the infant, and involve contact clinging, warmth, sucking, and visual and auditory cues. Experiential factors relating to the maternal behavior probably embrace the mother's entire experience. . . . Endocrinological factors relate both to pregnancy and parturition, and to the resumption of a normal ovulatory cycle. (1971, pp. 27-28)

Like Gaylin, Montagu cites research indicating the harmful consequences of tactile deprivation in institutionalized infants to support the claim that tender loving care is essential to the development of a caring individual.

> It appears probable that for human beings, tactile stimulation is of fundamental consequence for the development of healthy emotional or affectional relationships, that 'licking,' in its actual and in its figurative sense, and love are closely connected; in short, that one learns to love not by instruction but by being loved. (Montagu, 1971, p. 35)

Limitations of a Biological Conception of Caring

Whereas Gaylin and Montagu make a strong case in support of a biological tendency towards caring, it can be argued that such an inborn tendency is not a sufficient condition for the development of caring individuals, nor for the development for all types of caring. Whereas tactile stimulation may have been shown to be a necessary

condition to the development of caring individuals, it has not been shown to be a sufficient condition for the development of caring. The case of the overindulged child, who as an adult cares only for himself, may be an example of a well cared for child who did not becoming caring (though there is some evidence to suggest that this child's mother may have had unresolved dependency conflicts and cared for the child only in a selfish sense).

Indeed Kagan argues that the direct connection we seek between early experiences of parental care and the development of a caring individual may not exist. He cautions us about our tendency to seek connecting structures, as this may sometimes lead us to overgeneralization (1978).

> One of the long-lasting structures that is supposed to be shaped during infancy and early childhood is a sense of emotional security--an idea closely related to the notions of trust, attachment, and love. . . . One basis for this premise stems from the universal need to believe in a force that can protect the child from future threat. (1978, p. 29)

He argues, however, that caring is not a fixed quality of behavior, and that it depends on the construction of the child as well as the parent. (This will be explored more fully in the section on relational aspects of caring.) "Parental love is a belief held by the child, not a set of actions by the parent" (1978, p. 30). Kagan cites the following as a counterexamples to the direct relationship

between early parental caring and the development of caring individuals:

> Adolescents who have been locked in a room for two to three years excuse their mother's actions by confessing that because they were such difficult children, their mothers were correct to restrict them. Many persons who had nurturant and devoted parents during the early years feel unloved as young adults. The belief that one is not valued does not lie in a particular set of parental actions, but in the child's construction of those actions. (1978, p. 35)

It would be hard to describe a mother who would lock a child in a room for three years as "caring" in any ordinary sense of the word, even though the child perceived the mother as caring. One could argue that the child's perception was inaccurate, and a testimony to the inevitability of the bonding process no matter how warped the mother. Even if we concede that there may not be a necessary connection between being cared for as a infant and caring as an adult, and that certain unusual circumstances may permit a pathological mother to raise a caring child, clinical evidence abounds in support of the claim that, in general, individuals who are cared for in their infancy are more likely to become caring adults (Kliman & Rosenfeld, 1980). Gaylin and Montagu acknowledge that experiential background of the mother, physiological condition, and aspects inherent in the mother-child relationship (including maternal response to infant temperament) all have a bearing in the development of a caring individual.

A more interesting criticism of the biological conception of caring revolves around the sex relatedness of this conception, or more specifically around its motherhood-relatedness. Can men, or nonmaternal females, directly experience caring in its most basic sense? Nel Noddings (1979) directly addresses this issue. She distinguishes between moral caring and ontological caring, the latter of which ". . . arises in the existential condition itself," and, "may be traced to the mother-child relationship." She argues that it is the conscious awareness of another as focus of our concern that makes caring moral. For Noddings, both forms of caring are traced to reproduction, and to the child bearing process.

> But while woman is naturally connected to the child in whom her displaced egoistic concerns will be invested, man, too, may apprehend and comprehend the will-to-live in the child which calls him out of himself. Man, too, may be connected to the feminine principle. (1979, p. 5)

Whereas Noddings states that, "To be linked biologically and socially in parenting is enough to arouse the moral impulse" (1979, p. 6); both forms of caring are essentially feminine.

> This is to say that caring (and all of morality) is dually and firmly seated biologically in reproduction and consciously in the feminine principle. It is not my purpose here to explore the implications of this claim for contemporary man-woman relationships, but I acknowledge the sweep and import of it. (p. 6)

Noddings is not the only author who sees caring as linked to the feminine role of child bearing. Indeed it is a common societal belief in many cultures to perceive the woman as more affectively oriented, and the man as more cognitively oriented. However it could be argued that while Nodding's ontological caring is more typical of women, moral caring, which involves the intellectualization or objectification of caring in a more detached, abstracted sense, is more common to men. The dominant role of man in institutionalizing caring could be used to support this view, as could man's concern for social policy, and causes. Noddings would argue that moral caring ". . . depends on and grows out of ontological caring" (1979, p. 6), and that rather than institutionalizing policies to insure child welfare, equal opportunity, and rights for the elderly, we need a more personal form of caring and "what our institutions should, perhaps, aim to provide is a supportive setting in which individual caring can flourish" (1979, p. 1).

Noddings' distinction between ontological caring, which is felt and immediate, and moral caring, which is conscious and rational, appears to be a useful one. And, for moral caring to be genuine, it seems that it must be based in ontological caring. The mother's caring for her child may be the most intense, the most natural, and in normal circumstances, the most biologically inevitable

form of caring. Many mothers, this author included, have claimed this to be true from a personal perspective. Yet examples such as an 11 year old starving child who carried his three year old sister for three days through the jungle to an orphanage, and asked that if the orphanage could not take both of them, could they at least take his sister, makes it clear that ontological caring is not in any way limited to the mothering experience (C.B.S. Broadcast, August 1981).

It seems clear that there are degrees of caring as well as types of caring. Watching a broadcast on the starving Cambodian children stirs an emotional response in most of us that is both automatic and physiologically evidenced (though experience can influence us and create a different response). The feeling of caring, or empathy, generated from viewing an Olympic skiier fracture a leg in competition would be less intense for most of us, whereas the feeling of caring at the death bed of our child would be more intense. Also, we may experience the feeling of caring, with all of its physiological manifestations, without making a conscious decision to act upon that feeling, e.g., forgetting about the starving Cambodians after the television special. Conversely, we can act upon a feeling of caring without making a conscious decision to do so, as when we automatically act to protect our young from danger.

The strongest arguments against the concept of caring as biologically determined, come not from Kagan's argument that caring is a belief constructed by the child, not from the argument about whether caring is sex related, but from the history of childhood itself. Aries (1965), in his Centuries of Childhood portrays the history of childhood as at times involving mass torture, torment, exploitation and neglect of children.

He points out that in various cultures such practices as exposure, e.g., Roman and Chinese "civilizations," tight swaddling, drugging, sexual abuse, sacrifice, and exploitation of children was common. For example, the Old Testament forbade infant sacrifice, which was common up until that time by cultures including the Cannonites and Mayans. In the third century young males were frequently abused sexually and even noble families kept only one infant. By the tenth century the concept of child had not yet developed, and children were depicted by artists as small adults. Aries points out that in the twelfth century, life was divided into ages and middle age was favored, whereas childhood was not much (1965). In the fourteenth and fifteenth centuries, the use of ice baths, and the sending of young children into the country to a wet nurse, were both common practices.

Aries (1965) points out that while Jesus caressing his mother appeared in fourteenth century art, it wasn't until

the fifteenth century that the first child portrait was painted. Cited in Aries analysis, are several factors which may have affected the caring relationship between mother and infant:

1. Many men dominated their wives and did not want children around.
2. Infants were frequently sent to a wet nurse in the country and infrequently seen by the mother.
3. Older children were sent to be apprentices.
4. Infant mortality rate was high and even in the seventeenth century a mother had to give birth to many children in order to keep a few.

The development of the concept of child was a significant step in the development of human emotions. The appearance of the dead child in portraits in the sixteenth century was another important moment in the history of feelings. Human wastage was no longer seen as inevitable and people began to mourn the loss of their children (Aries, 1965).

Around the sixteenth and seventeenth centuries, a conception of child arose that portrayed the child as sweet and amusing. Rather than seeing this as the birth of parental caring, Aries distinguishes between action and feeling and says "Children's little antics must always have

seemed touching to mothers, nannies, and cradle rockers, but their reactions formed part of the huge domain of unexpressed feelings" (1965, p. 130). In the seventeenth century family portraits centering around the child became numerous, though the particularization of childhood at first was limited to middle and upper class boys (Aries, 1965).

The dawn of the concept of child paved the way for the development of various concepts of child development. We have seen that one concept of child arose from mothers and nannies and portrayed children as sweet and innocent. In the seventeenth century a second conception of the child arose from the churchmen and moralists. Rather than portray the child as loving and loveable, these outsiders from the family circle claimed that the child was born with original sin, selfish, and ignorant. These men believed that children needed to be taught how to be caring, and that parents could best care for their child by being rigorously strict in raising their children properly. Radically different conceptions of the development of caring, and the type of behavior that constituted caring on the part of parents, are reflected in these two views.

These opposing viewpoints were further developed in writings by Rousseau and the Puritans respectively. Elements of each are reflected in common sense beliefs about child development today. And as the Gaylin quote

suggested earlier in this paper, these varying conceptions influence our expectations, behavior, and conception of who we are. For example, Rousseau felt that the role of the parent was to protect the child from the world until around the age of 12-15--the period for becoming socialized and truly moral (Thomas, 1979). "Rousseau believed that youths become socialized and consciously moral and able to imagine themselves in the shoes of people who are suffering" (Thomas, 1979, p. 70). For Rousseau, caring was innate, but if children were exposed to suffering and pain when too young they would become cynical rather than caring. On the other hand, the Calvinist conception of child development was that it was a search for "proper ways of reacting to the sinful and obstinate nature of children" (Thomas, 1979, p. 55). Thomas emphasizes that the Puritans had the well-being of their child in mind when enforcing strict regulations. Parents began to turn to the experts for advice rather than trust in their own parenting.

> Parents fear of letting their hearts overrule their reason was apparently a prime motivation of the common practice in New England of sending children out at age 8 or 12 or 14 to be raised in someone else's home. (Thomas, 1979, p. 67)

If we accept Aries' interpretation of the history of childhood, we might be led to claim strongly that history has evidenced no inborn tendency towards caring, and that our concept of caring as regards children has evolved as

has the concept of "child." Indeed Aries' analysis would lead one to conclude that we are perhaps more caring towards our children than ever before. However not all authors have taken so optimistic a viewpoint.

Tine Thevenin, in The Family Bed (1976) offers a different interpretation of history in which the biological tendency towards caring has been thwarted by an industrial society, and is beginning to be honored once more in the "back to nature" movement. The major theme of Thevenin's book is that co-family sleeping is supported by medical, historical, and cultural data as a way to solve bed and nighttime problems with children, create a closer family bond, and increase a child's sense of security. She sees the family bed as important in the transition phase of infants from dependence to independence, and argues that modern day (nineteenth-century) child development experts have focused on developing independence in infants from birth, including focus on early weaning, early toilet training, and scheduled feeding and interaction times. It is argued that we are damaging our children by forcing them to become prematurely "independent" and that we should focus on providing a smooth transition from dependency to independence.

> This transition phase is repeatedly present in those societies which seem to produce emotionally stable people. According to Newton, the fact that the components of this phase namely close mother-baby contact (night sleeping), sensitivities to

> crying, child spanking and prolonged breastfeeding occur again and again in many of the primitive and traditional cultures suggests that there may be a strong mechanism involved in this inter-relation of patterning. (Thevenin, 1976, p. 53)

Rather than emphasize the negative aspects of child rearing in history, Thevenin provides a balancing view to Aries by focusing on some of the positive aspects. She points out that

> In a study on medical advice on child rearing of 1550 to 1900, Alice Ryerson shows that during the 1500's the child's dependency was given considerable encouragement. The swaddled baby was under constant attention and care. Mothers were greatly encouraged to nurse their babies. The child's cry was quickly responded to by either his being picked up and rocked or breastfed. The child was allowed to remain in his mother's bed until he was weaned from the breast at the age of two or thereabout. But the weaning process was gradual. When he did finally move out of his parents' room, he was expected to move into a bed with his siblings or a servant. The gradual transition phase of this period closely resembles the earlier mentioned phase which most primitive societies hold or held. (Thevenin, 1976, p. 66)

Whereas Aries argued that the development of the concept of child led to more caring behavior towards children, Thevenin also points out a parallel trend--that after the child was discovered during the fifteenth century ". . . he became the puppet of child educators who made it their business to decide in every aspect what was best for him. These men were primarily moralists rather than humanists"

(Thevenin, 1976, p. 66). While in the fifteenth century bedrooms as we know them were rare, and while even between 1750-1780 bundling (a man and woman lying clothed together in bed) was common almost worldwide (even Martha Washington and the Puritans bundled), by the early nineteenth century parents were warned to never take their children into their beds and to never respond to their crying unless the cause was readily apparent (Thevenin, 1976). Thus, as the concept of the child emerged and the child became the center of the family, the child also became untouchable and the mothers were asked to follow advice of experts rather than to trust their mothering instincts. Thevenin notes that "We seem to be approaching the end, or rather the beginning, of a full circle" (1976, p. 77) with a return to prepared, natural childbirth, breastfeeding, feeding on demand, and an emphasis on a loving, understanding approach to children. Like Gaylin, she argues that we must not ignore our biology and the inborn tendency to nurture and to care.

Even if we grant that a tendency towards caring is biologically rooted, this still gives us a very limited understanding of what caring is. We still need to examine how biological and experiential variables interact in the development of caring individuals. Does the existence of parental caring insure the possibility of other forms of caring? Is institutional or societal caring possible? Transcendental caring? Is a certain mental state, or a

certain type of action necessary for caring? What are the experiential conditions essential to the development of caring? Can we facilitate the development of more caring individuals and if so how? For the answers to these questions, we must turn to the study of the individual in society. It will be argued that whereas the caring of a mother, normally, is inborn and immediate, caring in a societal sense requires greater effort, is less immediate, and demands certain cognitive, affective, and experiential prerequisites.

Socicultural and Transcendental Conceptions of Caring

Both Noddings (1979) and Gaylin (1976) address the issue of societal caring. Both argue that such caring is biologically rooted, but requires opportunity, or the appropriate experience, to arouse this natural inclination. Gaylin says that we respond intuitively to helplessness in others, and uses the concern over the fate of the harp seal as an example. He points out that identification with the fate of the seal is easier, say, than with the fate of a spider, because of their closer resemblance to us. However, for such caring to take place, we must have experienced early attachment, identification and fusion, and subsequent individuation from another caring individual (Gaylin, 1976). Thus Gaylin sees societal caring as

developing from personal experience of parental caring. Gradually we develop "conscience," and rather than focusing on the individual and perceiving caring as "self-sacrificing," we come to focus on the group and see caring as "self-servicing" (Gaylin, 1976, p. 115). "Social order is best protected by citizens who care. We must see our environment as part of ourselves. We must identify with our community and our neighbors. We must feel with them and for them. We must care" (Gaylin, 1976, p. 136).

It is clear that some cultures have achieved a much more societal form of caring than have others. There is evidence not only that deprivation in the early life of a child may lead to a lack of caring, but also that deprivation of basic needs on a societal scale can create a noncaring society. Thus when the Ilk of Uganda were deprived of their hunting grounds,

> They became dehumanized, savage; lying, stealing, plotting, scheming, deceit, treachery--even killing--became aspects of their 'normal' way of life. No one seemed to have any compassion for anyone else, not even for mates, parents, or children. Caring for others, generosity, kindness (the kinds of behavior we label prosocial) simply did not seem to exist in this group. (Mussen & Eisenberg-Berg, 1977, p. 2)

Mussen and Eisenberg-Berg contrast the development of the Ilk with that of the Hopi, an Arizona Indian tribe in which

> . . . all aspects of the universe, human and natural, are interrelated and independent. . . From earliest childhood onward,

> nothing is more important to the Hopi than having a 'Hopi good heart,' defined as trust and respect for others; concern for everyone's rights, welfare, feelings, inner peacefulness, and avoidance of conflict. (1977, pp. 2-3)

Mussen and Eisenberg-Berg assume that the potential for caring is inherited but the form and frequency of caring behavior must be learned (1977). We must look then to the processes involved in the development of caring and perhaps differences in these processes will be reflected in societal differences in caring behaviors.

For Gaylin, societal caring seems to require a cognitive shift in focus from the individual to the group based on the process of identification, to their mutual benefit, an elevation of our consciousness which requires effort and certain developmental prerequisites. Societal caring is survival oriented, and grows out of the direct experience of and response to parental caring in the dependency period.

> Ironically, it is in the recognition of the parents' discriminatory capacity, rather than of their automatic giving, that the child will begin to sense his own power. It is not just that the parents have the capacity to supply his needs; he now has the more sophisticated knowledge that they are willing to love. Awareness thus begins to build the mechanism that links dependency through love to survival. (Gaylin, 1978, p. 19)

Both parental and societal caring for Gaylin are linked to the concepts of dependency and survival. Both are optimistically seen as being experienced by all normal

humans. The caring capacity may be limited in some who are deprived of parental love, "But these occasional abnormalities cannot gainsay the inclination to caring that is an essential part of the nature of our species" (Gaylin, 1978, p. 19).

Sears, a social learning theorist, gives support for Gaylin's claim that the process of identification is significant in the development of caring individuals. His research supports his claim that identification in the young child is contingent on a prior process of dependency on a nurturant caregiver. The child begins the process of identification when he imitates his caregiver's nurturant responses to himself in her absence (Baldwin, 1980). The process of identification will be hampered if either the primary caregiver is nonnurturant (leading to the conscienceless psychopath) or if the primary caregiver is never absent and therefore never allows independent behavior to develop (leading to the symbiotic infant). Sears sees the process of primary identification with a warm, nurturant, caregiver as essential in developing a more generalized, societal form of caring.

> As identification, in part at least depends upon a warm identificand, so does this person's warmth become the 'warmth' of a new generation. 'The more identification there is in any one generation, the greater will be the observation of those qualities that induce identification' (164, 392). (Maier, 1969, pp. 182-197)

Noddings' conception of societal caring focuses on both the notions of personal responsibility and choice, and on transcending our own egoism.

She argues as follows: Ontological caring arises in the mother-child relationship and is defined as a "dual will-to-live"--the wish to preserve ourselves and our children. The latter wish is rooted in the biological instinct to preserve our species.

> It is the genuine development of concern from us to this other that makes our caring moral. All that is required is an awareness, a consciousness of the other as focus of our caring. . . . my awareness of this change in motivational direction bursts the bonds of egoism. (Noddings, 1979, p. 5)

Thus moral caring has its genesis in self-consciousness and our ability to reason. Animals can experience ontological caring, but only humans experience moral caring.

However, understanding the will-to-live in another, and the transcendence of personal aims on a rational level is not enough to insure caring.

> More than <u>understanding</u> the principle we must accept ourselves as governed by it. We are bound by our natures to it, but we are free to accept or reject ourselves as we are and, this, to become more fully what we are and might be or something alient to ourselves and shriveled at the heart of our existence. (Noddings, 1979, p. 6)

Thus, for Noddings moral caring requires experience of caring, understanding, and personal choice. This personal choice, it seems, may not always be on a conscious level. One is reminded of Dr. Seuss' story, <u>The Grinch Who Stole</u>

Christmas, in which the Grinch became aware of the Christmas spirit of sharing and caring that persisted in the Whos even when the presents and feast were removed. The Grinch's understanding was in terms of a feeling that came over him--his heart seemed to grow two sizes that day, and he chose to join the Whos in their celebration. The Grinch was personally transformed through this experience of caring as the bonds of egoism burst. Noddings argues that such a caring experience is normal and human, its absence indicating severe deprivation and/or pathology (e.g., as in the psychopath who recklessly destroys without moral conscience or compassion).

Noddings says that the opportunity to experience caring arises more naturally for women in the mothering experience, but other women and men may care. Man:

> . . . may apprehend and comprehend the will-to-live in the child which calls him out of himself. Man too may be connected to the feminine principle. . . . It is because caring arises naturally in our dual will-to-live that we can apprehend the will-to-live in other beings with whom we come in contact. It is the natural break in our egoism and our awareness of it which permits the flow of feelings to adjacent others. (Noddings, 1979, pp. 5-6)

Jung would agree with Noddings that caring arises most naturally for females in the mothering experience, but would add that the feminine principle develops more in the second half of a man's life, in an attempt to balance his prior tendencies towards rationality and power. Research

on the mid-life crisis and subsequent personality development seems to support a Jungian interpretation (Crain, 1980). Horney would point out that culture tends to exaggerate these differences, and would probably claim that men would become more caring if placed in situations more conducive to the development of caring, i.e., sharing in child care (Cherry, & Cherry, 1973).

Such caring may require effort to sustain and develop, and certain conditions may enhance or prohibit the development of caring. Noddings argues that situations which facilitate caring are ones in which persons are given opportunities for personal caring. However, because we are rational thinkers, we tend to abstract away from these personal situations and attempt to solve problems through the institutionalization of caring.

> The original impulse is the one associated with caring, but there is a shift of focus as caring is entrusted. Opportunities arise for self-interest, and persons entrusted with caring may lack the necessary engrossment in those to be cared for. Rules are formulated and the characteristic variation in responses to the needs of the cared for may fade away. Those entrusted with caring may focus on satisfying the formulated requirements for caretaking and fail to be present in their interaction with the cared-for. Thus caring disappears and only its illusion remains. (Noddings, 1979, p. 15)

It seems that caring is further endangered by the transience of present day society. Half of U. S. heads of families live more than 100 miles from their home town;

the average American moves more than 14 times, and one fifth of all Americans move at least once a year (O'Neill & O'Neill, 1967). If personal caring requires and deepens with time, it seems that we must develop strategies for developing this caring more readily and rapidly, or other forms of support systems. The institutionalization of caring is not merely an example of our rationality, but is a response to a need generated by our changing life styles. Encounter groups, meditation, increasing cultism and fads in self-help strategies are the results of this change. Individuals must decide if transience for them is a relinquishing of personal responsibility, an economic necessity, a means of self growth; and our conception of what caring is and how it develops will influence this decision.

For Noddings, the focus is on the individual in the caring relationship. Societal caring per se, is impossible; individuals care for each other as they apprehend the will-to-live in one another. Institutions should attempt to "provide supportive environments for caring. This means that planners will have to ask how they can provide opportunities for those entrusted with caretaking <u>to care</u>" (Noddings, 1979, pp. 16-17).

Such a view implies a democratic form of government focusing on individual choice and responsibility. Noddings' view is transcendental in its emphasis on

overcoming egoism, but such transcendence is always personally directed towards another individual, not to society as a whole. Such a view is contrary to governments which place the good of society before the individual, encouraging primary identification with the group rather than the individual. For Noddings caring cannot be legislated by any government; it is not governed by a set of principles but is a matter of personal responsibility.

Research on the development of altruistic v. s. egoistic cultures, however, indicate that the following factors contribute to the development of high levels of altruism:

1. Stress on consideration of others, sharing, and group orientation in child-rearing.
2. A simple social organization or a traditional rural setting.
3. Assignment of important economic functions to women.
4. Extended families.
5. Early assignment of task responsibilities to children. (Mussen & Eisenberg-Berg, 1977)

Societies with nuclear family units, complex societies with occupational specialization, a caste or class system, and centralized government tended to be more egoistic (Mussen, Eisenberg-Berg, 1977). If we accept prosocial

behavior as an indicator of true caring (a debatable assumption), then we would be forced to conclude that an alternative form of government would lead to the development of a more caring society.

Cognitive, Affective, and Behavioral Aspects of Caring

Cognitive components of the caring relationship as described by Noddings and Gaylin bear marked similarity to descriptions of the development of the "superego" or moral conscience by Freud and Piaget, and occur normally in the child roughly between the ages of three and six. Both describe a process of early identification (usually with the mother), and attachment (when the mother is distinguished from others yet still identified with as necessary for needs reduction), followed by a process of separation and individuation which produces self-consciousness and recognition of consciousness in others. Recognition of one's individuality is tied in with recognition that one is free to comply or not comply with others' expectations of us. Awareness of those expectations as we perceive them, comprise the developing superego. The symbiotic child who focuses continually on her need for the presence of her mother is an example of one who has not achieved such individuation.

Recognition of the existence of others is only an initial step in the move away from egocentricism. One might argue that whereas the young child experiences ontological caring, he does not experience moral caring until he has achieved the power of abstract thinking and the ability to perceive things from another's perspective. And it seems that experience would support such an argument, as most of children's concerns seem to focus on individuals in their direct experience rather than on principles or issues, yet the attitude of engrossment in another that is characteristic of caring is present at an early age.

Affectively, caring ". . . is not to act by rule, but by affection and regard" (Noddings, 1979, p. 9). We act out of concern for another and because of our feeling of engrossment with the other. We act out of concern for the well being of the other, rather than for any derived benefits for ourselves.

Both Gaylin and Montagu argue that for such feelings and attitudes to develop, the individual must have been cared for in the dependency period. He will realize that others have given to him and will want to give in return. It is claimed that experience of attitudes of acceptance by the parents and of gentle loving touch are essential to the development of caring individuals. Kagan argues that while such experiences may be optimal for the development of caring, they are not essential. He cites examples

of individuals who blamed cruel parental behavior on themselves. A child who was not cared for in the dependency period, for example an institutionalized child of prior years, may (although certainly more rarely), become caring as an adult. Perhaps he will want to give to others what he did not experience himself. Certainly this is the hope of psychologists who work with such individuals, and if success is infrequent, it does occur on occasion.

Behaviorally, Noddings argues, caring cannot be reduced to a particular set of actions that are rule bound or predictable. Caring can be present in the absence of action towards the cared-for, as when a mother stands back and allows a child to work out a problem on her own. In general though, Noddings says that one's motives for the well being of the one cared for should be so related to one's actions that a third person observer, over time, will recognize the intent to care,

> We continue to look, generally for behavioral indicators to support a claim of caring, but we realize that we may have to survey a chain of episodes to spot the behaviors. Caring is not simply a set of behaviors nor is it simply an attitude or mental state. (Noddings, 1979, p. 3)

All three seem to be involved. Indeed Noddings argues that people who follow a set of prescribed moral rules may actually do so out of the selfish desire to appear to be caring. Such rule-bounded behavior is seen in its extreme form, in the obsessive-compulsive who is unusually concerned

about some aspect of moral behavior and performs certain rituals, usually a reaction to an immoral thought which has been isolated from its appropriate affect.

A behaviorist would not accept such a formulation, but would seek to define caring as a response to certain stimuli, based on past experience. On the other hand, the Chinese rely so heavily on an intuitive perception of caring individuals that they sometimes hire teachers on this one criteria alone. In reflecting on our own experience, it seems easy to identify those individuals in our experience who seem to be truly caring. Perhaps their most salient quality is what Noddings refers to as their disposability, their ability to be present to the cared for and engrossed in the cared for (1979).

While many authors focus on the early years as critical in the development of caring, other authors focus on the development of caring as a life long process. Thus Havighurst views the development of caring as having biological, psychological, and cultural bases, and portrays these in a series of lifetasks related to the goal of achieving appropriate giving-receiving patterns of affection (Thomas, 1979). In infancy, the child develops a feeling for affection. In early childhood the child learns to give and share affection. In late childhood the child learns to give as much love as one receives and forms peer friendships. In late adolescence and adulthood, the

individual builds a strong caring bond with a mate (Thomas, 1979).

Erikson also sees caring as developing throughout the lifespan. Four critical stages for the development of caring, for Erikson, are:

1. Stage 1--Infancy, in which trust is the goal and the infant through receiving, learns to give.
2. Stage 6--In early adulthood, in which intimacy is the goal as the individual loses and finds oneself in another.
3. Stage 7--In middle adulthood, in which generativity is the goal and the individual learns to care for the next generation.
4. Stage 8--The final stage in which, in Noddings words, the bonds of egoism are burst; "mankind" becomes "my kind." The individual's goal is wisdom and the development of a larger sense of self (Thomas, 1979).

The research on the development of caring, for the most part, has focused on the earlier years. An exception to this are a number of studies of adult altruists, such as Mahatma Ghandi, Martin Luther, and the Freedom Riders in which multiple factors and their interaction in producing caring behaviors have been examined in retrospect (Mussen & Eisenberg-Berg, 1977). Such work as Erik Erikson's psychohistories of Ghandi, Luther and Jefferson is an example of

the type of in-depth ". . . multi-dimensional assessment and evaluation of the prosocial consequences of patterns of interactions among personal and situational variables" (Mussen & Eisenberg-Berg, 1977, p. 169). Such research is fruitful and generative of hypotheses that can then be tested through more systematic research. In general such studies have corroborated research that parental nurturance, a warm parent-child relationship, and ability to operate at high levels of moral reasoning were significant factors in the development of high levels of prosocial behavior (Mussen & Eisenberg-Berg, 1977).

Mussen and Eisenberg-Berg review the literature and conclude that there is a moderate relationship between cognitive abilities such as moral reasoning, role-taking and empathy, and prosocial behavior. On the other hand, there is little relationship between performance on intelligence tests and predisposition to prosocial behavior (1977). Piaget and Kohlberg's claim that children go through an invariant sequence of stages in moral reasoning have been supported empirically in cross cultural studies of children from Taiwan, the Yucatan, and Turkey (Mussen & Eisenberg-Berg, 1977).

A study perhaps most relevant to the development of the concept of caring is Baldwin and Baldwin's study on cross-cultural similarities in the development of the concept of kindness (1971). In this study children from New York

and the Yucatan were asked to respond to pairs of stories in which the same benefit to another results (kindness) but the context differs. For example, in one situation the benefit might be result of an intentional act and in the other situation the same benefit might be accidental. The situations focused on the following dimensions in relation to judgments of kindness: intentionality, choice, obedience to mother, self-sacrifice, quest, trade, bribe, returning favor equilization of benefits, and amount of benefit. It was found that there were no differences in adult concepts of kindness in the two cultures and in many of the situations the development curves of the two groups were remarkably similar. One area of difference, probably a reflection of differing cultural values, is that children in the Yucatan more frequently indicated that obedience to parents was a kinder reason for benefiting another, and took longer to discover that benefiting others over and above this obligation is even better than just obeying. The study indicated that there is something difficult for children in both cultures in learning that kindness is doing more than one is obliged to do (1971). To the degree that the concepts of kindness and caring are similar, we might infer that the concept of caring goes through a similar process of development. It seems that both concepts imply and involve the others to some degree. More direct research is needed on the development of the concept of

caring from childhood to adulthood.

How does one's cognitive development relate to caring behavior? Again, any conclusions will be inferred from relationships between the concept of caring, which is seldom operationally defined and studied, and concepts such as altruism, empathy, and role taking which are more frequently dealt with in the literature. The concept in the prosocial behavior literature which is most closely associated with caring is that of empathy, which in some studies has been defined so as to include both cognitive and affective components (similar to Noddings' moral and ontological caring). For example, Feshbach's model of empathy elucidates two cognitive and one affective aspect of empathy:

1. The most "primitive cognitive level is the ability to discriminate and label affective states of others. . . ."
2. ". . . a more advanced level of cognitive competence, or social comprehension, is the ability to assume the perspectives and role of another person. . . ."
3. "Emotional responsiveness. . . ." (Mussen & Eisenberg-Berg, 1977, p. 126).

Empathy has been found to be correlated with ratings of cooperation in a naturalistic study of 32 preschool children (Marcus, Teelen & Roke, 1970).

Research generally supports Piaget's theory that the young child is bound by egocentricism and unable to decenter and take another's perspective until the concrete operational stage (around age seven). "Empathy, measured by tests of tendencies to share the feelings and emotions of characters in stories, ordinarily increase between the ages of five and eight" (Mussen & Eisenberg-Berg, 1977, p. 127). However, we must be careful not to overgeneralize and obscure the complexities of the concepts involved. For example, in a more recent naturalistic study, Eisenberg-Berg and Hand found that moral reasoning was differentially related to various types of prosocial behavior. Sharing in preschool children was related negatively to hedonistic reasoning and positively to needs-oriented reasoning. However helping and comforting were related more directly to the situational factor of sociability in the nursery than to moral reasoning (1979). More multivariable studies are needed to see how cognitive and affective variables interact in the development of caring individuals. In addition the concept of caring and its relationships to concepts of empathy, role taking, moral reasoning, kindness and cooperation need to be made more explicit.

Dynamic Aspects of the Caring Relationship

In our examination of conceptions of caring up to this point we have paid little attention to the fact that

caring is one aspect of a relationship, and caring in the one who cares will be influenced by and influence the response of the one cared-for.

Montagu points out that the response of the infant to the mother's exploratory affection after birth is essential to the development of caring on the part of the mother:

> The initial contacts made by the mother with her child are exploratory in nature. . . . As in courtship, in making contact one is not sure how one will be received. . . . In maternal touch the fingertip stage precedes that of commitment.
>
> Commitment seems to await some personally evocative response of the infant. . . . This response must come from the baby, no one else, if the sense of partnership, of mutuality, in this kind of relationship is to progress. (Montagu, 1971, pp. 127-128)

Some babies are much easier to care for than others, depending on the mother's temperament, experiences, and expectations. The colicky baby who takes no comfort despite repeated attempts by the mother, can be very trying, and can produce feelings of guilt, frustration, and resentment in the mother rather than devoted caring. There seems to be some evidence that nervousness in the mother and conflicts over becoming a mother can be sensed by the infant even before birth and produce a colic-like state (Kliman & Rosenfeld, 1980). Kliman and Rosenfeld emphasize the importance of planned parenthood and the well-wanted

baby in raising emotionally healthy, caring individuals (1980).

Interestingly, there is evidence in both nonhumans and humans that if the mother receives tactile stimulation during labor, delivery, or the postpartum period, their maternal ability is improved. Montagu recommends the routine ". . . body caressing by the husband of his wife during pregnancy, labor, and after the birth of the baby" (1971, p. 129).

Kagan, who defines caring from the perspective of the cared-for, emphasizes the individuality of the caring relationship. What is perceived to be caring behavior by one individual may be perceived as interfering or controlling behavior by another. Kagan defines caring as a belief constructed and held by the one cared for according to his unique constitution and experiences (1978).

It seems that for a complete view of caring we must look at not only the motives, actions, and attitudes of the carer as Noddings emphasizes, nor at the constructs and beliefs of the cared-for as Kagan emphasizes, but at the dynamic aspects of the caring relationship. It is this dynamic aspect that makes caring ". . . resist specific analysis" (Gaylin, 1976, p. 69), and variable rather than rule bound (Noddings, 1977). Noddings describes perhaps the most important consequent of this dynamic relationship in the following quote:

> When one cares, one undertakes action in behalf of the cared-for over an appropriate space of time. But the one-caring also takes an attitude toward the cared-for which effects a feeling of being cared-for. In the long run, in the absence of pathology, the cared-for recognizes the caring and glows with it. (1979, p. 12)

Baldwin elucidates this notion of interaction and mutual growth of caring in his analysis of naive theory and the concept of "liking" (1980). He points out three significant features of our common sense concept of liking:

1. It involves a desire to benefit another (as does caring);
2. it makes certain kinds of relationship pleasurable, e.g., being close to one another (as does caring);
3. it facilitates similarity between the "liker" and the "liked."

He then suggests that in certain situations, when sentiments are compatible (e.g., two people who like one another), there is a balance of sentiments and spirals caring behavior can grow or deepen (1980). Such development of caring in mother-infant research is supported in New York longitudinal studies of abused children which is finding that premature and difficult infants are more likely to be abused (those least likely to be cute and responsive) than other children in a family of parents with certain high risk characteristics (Kliman and Rosenfeld, 1980). Spirals of abusive patterns may also develop and are perhaps rooted in

attachment difficulties in infancy.

Baldwin's analysis also suggests an interesting hypothesis when he points out that our typical reactions in a liking situation are benefiting and approaching a person liked--which are compatible actions. However, typical responses to disliking as delineated by Freud, are to attack or withdraw--incompatible responses (1980).

If there is a degree of truth in the assumption that humans seek a reduction of tension and state of equilibrium (a basic assumption in many theories of development), perhaps the development of caring behavior, yielding compatible responses, is favored over disliking behavior, yielding conflicting responses. It is an obvious observation that spirals of caring behaviors yield greater harmony whereas spirals of noncaring behaviors (as in an abusive relationship) yield discord and an increase in tension. (Note that the term, behaviors, is emphasized as it is generally claimed that abusive parents care about their children, but have learned inappropriate patterns of response.) A study by Ladd and Oden suggests that a similar type of spiral exists in peer relationships in third and fifth graders. Their study suggests that social knowledge (of helpful strategies) and peer acceptance were positively related, and children's prosocial behavior was positively related to peer acceptance (1979). More research is needed to determine if learning about peer norms would enhance a

a child's peer acceptance, and subsequently increase his prosocial behavior. Such a hypothesis would be supported by Sears, a social learning theorist, who sees parental lack of appropriate information as significant in the development of less effective parenting techniques (Maier, 1978).

Dependency and Caring

Noddings, Montagu, and Gaylin all perceive a fundamental link between the concept of caring and the concept of dependency. Noddings, we have seen, argues that ontological caring arises naturally when the mother responds to the dependent infant. Montagu argues along these same lines when he claims that early tactile experience in the dependency period is necessary for the development of caring individuals. Gaylin perhaps most directly connects the two by defining caring as an intuitive response to helplessness in others (1976). Such a link is supported by a variety of child development theories. Freud would see caring as developing as a result of needs fulfillment in the dependency period, and subsequent identification with the caring parent in the formation of the super ego. Sears sees caring behavior in a similar way, as resulting from a process of dependency on a nurturant provider and subsequent generalized identification with the caregiver's

behavior in the formation of a secondary motivational system. Caring behavior becomes ideally, self reinforcing. Piaget sees caring as developing in the process of separation-individuation in which the individual moves from unaware dependency (primary narcissism, omnipotence, and egocentricism) to aware dependency (differentiation of self-other) towards gradual independence (bringing with it the ability to take the perspective of another and care in a moral sense) (Baldwin, 1980). The claim that caring grows out of dependency needs being met has much theoretical support.

Is dependency a necessary element in a caring relationship? It seems that in at least one sense of the word, dependency is not essential for caring. Noddings recapitulates dictionary definitions of the word, "caring," saying that it " . . . will involve a mental state of engrossment and, possibly, of suffering, to have a regard for; and to assume responsibility toward" (1979, p. 2). It seems that one can have a regard for and deeply care about another individual without dependency needs between the two. Such caring, it seems, would most likely occur between two mature and relatively independent adults.

Some theorists argue that such a caring relationship will develop only if some needs of the cared-for and the carer are met (Luft, 1970). Even if we concede that most friendships and love relationships involve needs fulfillment,

this does not necessarily imply a dependency relationship (rather it may reflect personal choice), for perhaps one or both of the caring individuals could satisfy their needs through other means. Gradually, over time, though, it seems that a sense of interdependence most often develops in a caring relationship, accompanied by the feeling the the carer can or could be depended upon (that she is accessible) and is dependable.

It can be argued that dependency can destroy, rather than enhance a caring relationship. Colette Dowlings, in The Cinderella Complex (1981), argues that traditionally women have been overdependent on men, wanting to be taken care of as a sign of being cared for, and that women have a hidden fear of independence. This overdependence has had a devestating impact on numerous relationships, and on the self-concepts of both men and women. An exploration of the biological, historical, and social forces operant in developing and maintaining this type of dependence is beyond the scope of this paper. Dowlings argues in support of the claim that overcoming dependency conflicts through the sharing of the roles of "provider" and "nurturer" would enhance caring relationships between men and women in today's society (1981).

It seems that even in maternal caring, where dependency is involved, independence, or at least a state of familial interdependence is the goal (for both mother

and child) rather than continued dependence. Whether or not such independence can actually be achieved is a matter of psychological debate, and is contingent upon one's definition of independence. However, in the everyday sense of the word, most children do become independent adults, and for most of them a caring relationship continues in spite of, and perhaps because of, this independence.

Thus, while biologically our tendency to be caring may result from dependency needs characteristic of human infancy, it seems that dependency is not an essential feature of caring relationships. And so far as our institutions go, it seems that rather than merely meeting dependency needs, we should strive, as does a mother with her child, to move the cared-for towards independence, insofar as they are able to go.

Summary and Integration of Various Conceptions of Caring

Our analysis of the concept of caring thus far has led us to examine several authors' views on a number of dichotomous issues. For example: Is caring biological or learned? Motivated by selfish or altruistic aims? A means of self preservation or an elevated state of consciousness? Derived from feeling or the intellect? A set of actions by a carer or a belief held by the cared-for? Characterized by dependence or independence? A personal

or societal responsibility?

Whereas authors have focused on one aspect of these dichotomies more than another, in general, the above questions have been answered by the Hegelian response--"Neither, exclusively, and/or both." That is to say, caring is a multifaceted concept, and caring relationships arise from multiple causes, and the interaction of multiple factors. What more then, can we say about caring? It seems that our analysis has supported a number of propositions.

First, and perhaps foremost, caring does not exist apart from a relationship--there must be a carer and a cared-for. Ideally this is a reciprocal relationship and a dynamic, growing one to the multiple benefit of both.

Second, while a tendency towards caring may be biologically rooted, certain experiential conditions facilitate or hinder the development of caring individuals. Rather than being a set of universal conditions however, conditions may vary from individual to individual, relationship to relationship, as caring is an interactive process.

Nevertheless it is generally conceded that in most normal circumstances, the dependency period in infancy influences the actualization of the caring capacity in humans. Parental attitudes that deviate from warm, touching, engrossed acceptance of and regard for their child may hinder or limit the development of the caring capacity

of the developing child and future adult. Some authors perceive a balance between being cared for and caring; for example, Havig hurst identifies "Learning to give as much love as one receives" as a developmental task of the five to seven year old (Thomas, 1979, p. 129). It has been claimed that attitudes which encourage dependence rather than independence may also hinder the development of caring in the adult.

Caring can be seen as both self-servicing and as a means of preserving the species. Transcendental aspects involve overcoming one's egoism and identifying with a larger whole, be it another individual or group.

In order for caring to exist in an individual there are certain cognitive, affective, and behavioral prerequisites. One must be capable of seeing things from the framework of another. One must feel an inclination and affection towards, and concern for the other, putting the other's interests temporarily above one's own. One must have an attitude of engrossment and being present for another, characteristic of the "active listening" and "reflection of feelings" discussed in the counseling process. Whereas, due to the interactive nature of the caring process, no set of behavioral rules indicative of caring can be spelled out, over time, the carer's motives will be evidenced in her actions and will be perceptible by outside observers. Thus, examination of prosocial behavior

will provide indirect evidence only, as to the nature of the caring process.

Caring is ultimately a personal responsibility and a personal choice. Yet, due to the nature of caring and conditions facilitating the development of caring, traditional caring relationships such as the extended family and marriage are breaking down in an increasingly transient, institutionalized, and industrial society. We can best develop societal caring by structuring our institutions to support and facilitate the development of personal caring. What this means will be explored more fully in the remainder of this paper, in which research on facilitating the development of caring individuals in the family, and in our daycare centers and preschools will be examined.

IMPLICATIONS FOR EARLY CHILDHOOD EDUCATION

Our analysis thus far has focused on three veins of thought. First, we have examined the theoretical writings of current authors who deal directly with the concept of caring (Gaylin, Noddings, and to a lesser degree Montagu). Second, we have examined implications of major theorists in the area of child development for their views of how caring evolves in the human individual. As few of these authors have dealt with the concept of "caring" per se, much of our analysis has been based on extensions of their

theory (e.g., Piaget's moral development writings, Sears' identification theory).

The third area we have explored is the growing body of research on the development of children's prosocial behavior. While most direct in its empirical verifiability, this area has been perhaps least directly related to the topic of "caring," as this concept has been explored through its inferred relationships to the operationally defined terms of "empathy," "moral reasoning," and "altruism."

Operational definitions of these terms are currently undergoing revision. For example, Eisenberg-Berg and Lennon applied commonly used Feshbach measurement techniques in a naturalistic setting and got results contrary to expectations--spontaneous prosocial behavior was negatively related to the empathic measures (1980). In their discussion they point out that the hypothesis that people who empathize with others are more likely to help and share, is supported for adults, for whom empathic measures are more likely to be physiolgoical or paper and pencil tests; but only sometimes supported for children, for whom measures are usually the Feshbach and Roe or affective situation tests. She points out that these results, rather than indicating that there is not a correlation between empathy and prosocial behavior in children, might indicate that the empathy scores did not represent true empathy, but rather the

child's need to act in a socially approved way and his ability to determine correct behavior. She suggests that we reevaluate the common practice of using projective tests to assess young children's empathy (1980).

The common practice of operationalizing "altruism" as the amount of money a child is willing to donate has also been criticized for use with preschool children, who do not yet understand the use of money (Strayer, 1980). Such a criticism is supported by Piagetian research, which indicates that most preschool children do not even have the concept of 1-1 correspondence and hence are unable to count money (Baldwin, 1980).

Aside from the questions of whether operational definitions of empathy, altruism, and moral judgment yield reliable measures of the concepts we are trying to get at, is the larger question of how the concept of caring relates to these other concepts. While caring may involve empathy, altruism and moral judgment, it cannot be equated with any of them. For example, a parent can be said to care deeply about her troubled, drug abusing teenager without being able to understand his perspective or share in his feelings (empathy). Caring may be differentiated from altruism as it has been generally defined in the literature (helping another, donating to charity), because the altruistic acts may proceed from a moral "sense of ought" rather than from a genuine concern for the well being of others. Caring

cannot be equated with a sophisticated level of moral reasoning, as one can reason morally, and behave contrary to their reasoning.

Thus implications drawn as to what parenting and educational practices might foster the development of more caring individuals will be based on:

1. Inferences from theory;
2. Inferences from research on prosocial behavior; and,
3. Parental testimony of what seems to work.

Conclusions drawn will be in the form of hypotheses which will require more rigorous testing.

Who Cares?

One approach that has been fruitful in suggesting hypotheses about the development of caring individuals has been to study highly altruistic adults and interview them as to the antecedents of their caring behavior. Another approach has been to attempt to link personality variables with prosocial behavior. Results of these studies have indicated the following:

1. London and Rosenhan, who interviewed Christians who saved Jews from the Nazis found three predominant qualities in these altruists: ". . . a spirit of adventurousness; a sense

of being socially marginal; and, most relevant for our purposes, intense identification with a parental model, not necessarily of the same sex, who was a model of moral orientation and conduct" (Mussen & Eisenberg-Berg, 1977, p. 88).

2. Rosenhan who interviewed the Freedom Riders, compared fully committed with partially committed members and found that they did not differ in attitudes and beliefs, but the fully committed indicated that they had nurturant parental models from childhood to adulthood, whereas partially committed members ". . . frequently described their relationships with their parents as avoidant, cool, negative, or ambivalent. . . ." (Mussen & Eisenberg-Berg, 1977, p. 90).

3. Studies of personality characteristics and prosocial behavior have indicated that "Young children who rank high in prosocial behavior tend to be active, outgoing, emotionally expressive, willing to seek help, and according to several reports, moderately aggressive" (Mussen & Eisenberg-Berg, 1977, p. 69). These same authors suggest that perhaps children who are in touch with their own feelings and feel free to both express dependency and be assertive, are more likely to understand another's perspective and reach out to help them (1977).

4. A broad based longitudinal study supports the claim that "Strong predispositions to prosocial behavior in nursery and elementary school children are also associated with high ego strength, self control, and good personal adjustment" (Eisenberg-Berg, 1977, p. 70). The same authors found similar results in adults (1977).

These results suggest family practices that might be useful in developing caring individuals (e.g., nurturant parental modeling). In addition, these variables make sense from a number of theoretical views. For example, Erikson would see identification with a nurturant model as essential in establishing basic trust, and development of self control as part of the task of becoming autonomous (Baldwin, 1980). Both of these tasks are developmentally prerequisite to the development of caring, for Erikson, and if an individual is maladjusted at an earlier level of adjustment he will be unable to succeed as fully at later developmental tasks. Freudian, Piagetian and Sears' theory also focus on the significance of identification, as was discussed earlier in this paper. These studies pave the way for a more direct look at the impact of parenting and educational practice, which will follow in the remainder of this paper. As we proceed, it will be useful to keep in mind Nel Noddings' definition of caring--

Caring ". . . then will involve a mental state of engrossment and, possibly, of suffering; to have a regard for; and to assume an attitude of protective responsibility toward" (1979, p. 2).

Parent-Child Relationships

The Well Wanted Child

Kliman and Rosenfeld, in their book, Responsible Parenthood, argue that parental motivation in child bearing, and whether or not a child is well wanted, will influence the mental-physical health of the child (1980). They ask the critical question, "What does it mean to want a child well--i.e., appropriately for our time, yet consistent with underlying universal developmental needs?" (1980, p. 15). They believe that altruism is part of our biologically nurturant nature and a normal element of personality. "It requires a special brand of altruism however to be a successful parent, particularly as our times grow more troubled and our lives more complicated" (1980, p. 16).

They delineate reasons for childbearing that are inappropriate and can lead to a child who is unloved, or incorrectly loved (e.g., loved contingent on good behavior). "The essence of appropriate motivation, then, is that it be child centered rather than self-centered" (1980, p. 16). Children who are created because of self-centered reasons,

such as living up to parental or societal expectations, attempting to improve a shaky marriage, or needing someone to need you, say Kliman and Rosenfeld on the basis of much clinical experience, are almost guaranteed to be emotionally troubled (1980).

They delineate the following motivations as correct for parenting a well wanted child, on the basis of Kliman's extensive clinical experience as a psychoanalyst and psychiatrist:

1. "Positive traits and attitudes towards children are of paramount importance" (1980, p. 24). If you don't like being around others' children, you may find it difficult to genuinely care for your own. A positive outlook on life enhances one's child's development and a depressed, pessimistic outlook seriously threatens the emotional development of the child.
2. "Life should be offered as a gift, or not at all" (p. 25). Attitudes that deviate from loving acceptance of a child endanger his emotional health and may limit his capacity to care.
3. Wanting a child involves a lifelong commitment and "should mean having an interest not just in cuddling an infant but in watching, and being present at, the unfolding of an entire life process" (p. 26).

4. "An adult caregiver must have a large capacity for empathy, especially during the child's nonverbal years. . . . The parent must be sensitive to minor cues from the infant's sounds and movements, and be capable of reading accurately, from their needs that the child cannot otherwise express--and of acting and reacting appropriately" (p. 26). These aspects of empathy which Kliman and Rosenfeld describe on the basis of clinical experience, are identical to those described in earlier cited studies relating empathy to prosocial behavior. Parental caring is critical for the development of emotionally healthy, caring individuals. Kliman and Rosenfeld suggest becoming involved with others' children before deciding to have your own, and points out that children are "excellent judges of parental qualifications and their responses to you provide valuable information.

5. "It is likely that, if you have a healthy supply of self-love and self esteem, you will also have supplies of love and esteem to offer to children" (p. 27).

Kliman and Rosenfeld define a well-wanted-child in the following quote: "A well-wanted child, by our definition, is a child who is positively desired for healthy reasons by parents who have looked to their own qualifications with a critical eye" (p. 28). In the remainder of their book they provide clinical evidence that there is a

direct link between a child's being well wanted and their emotional health and capacity to develop into a caring individual. Being wanted creates a powerful support in a society which creates unwantedness on children through discrimination--for reasons of race, religion, education, I.Q., and economic status.

> So our responsibility for children is twofold. As parents, we should strive to furnish our children with the necessary self-esteem. And as adult human beings, we should examine our acts and attitudes with a view to ridding ourselves of the impulses that will 'put down' other people's children--who may not be sufficiently sturdy to ignore our opinions of them. This second responsibility implies a corollary imperative to do whatever we can to dissipate those areas and areas of bias and discrimination that pervade our social atmosphere, that defeat rather than encourage the growth of self-esteem. (p. 29)

The link between self-esteem and capacity for caring is supported theoretically, clinically, and in the research on prosocial behavior. The link between being well-wanted and the development of self-esteem is likewise supported. Thus, it is recommended that potential parents reflect critically on their parenting qualifications and motivations in deciding whether or not to parent. It seems that this could best be supported through requiring a parenting course, or sequence of courses, early in the high school years, coupled with an outreach program to individuals of child-bearing age that are not likely to reach early levels of

high school before leaving school. Such programs are suggested as a supplement, rather than a replacement of existing Planned Parenthood programs with similar aims. Though possibly costly to initiate, these programs would, as do most preventive measures, probably prove to be less expensive in the long run--mentally and emotionally, as well as financially.

Bonding

Caring is a bond between two individuals in which the boundaries between self and others are temporarily dissolved. Recent research has focused on how this bond develops in humans, and "Research in various parts of the world are finding that contact--early and extended contact between a mother and her baby--is the precious ingredient that promotes maternal attachment" (LaLeche League International, 1981, p. 310). A comparative study by Klaus and Kennel supports the claim that there is a sensitive period in humans just after birth in which contact between parent and child may have long term emotional and cognitive benefits. Klaus and Kennel compared two groups--one with extended contact and one with what is common contact in many hospital routines. Mother-infant interactions were observed at one month and again at one year and it was found that

> Those in the extended-contact group caressed their babies more after, and the interaction between mother and baby involved greater eye contact, suggesting a more personal response on the part of the mother to her baby. When their babies were upset, these mothers picked them up and comforted them more readily. Breastfeeding progressed more easily and continued longer. At two years, differences were noted in the way the mothers spoke of their children. The extended-contact mothers used a more descriptive vocabulary and asked more questions, whereas the mothers in the other group issued twice as many demands. (La Leche League International, 1981, p. 311)

It is becoming clear that mother-infant contact during the critical period after birth may have long term effects on the affective and cognitive development of the child, as well as on the caring behavior of the mother. Whereas we cannot at this point draw a causal relationship between contact after birth and greater mother-infant attachment (some other factor may have been responsible for both), the evidence is strong enough that many hospitals have modified their practices to shorter hospital stays and to allow rooming in of the baby in the mother's room.

Because a child is separated from her mother after birth, does not mean that she will not grow up to be a caring adult. However, it seems that there is enough evidence to warrant recommending extended contact between a child and both parents after birth as being the ideal. This in turn implies a prepared, "natural" childbirth as ideal in which mother and child are alert and maximally

responsive to one another, and in which the father is actively involved in this process. Earlier in this paper observations by Ashley Montagu were cited, which indicated that mothers who were caressed lovingly during labor were more apt to caress their infants after birth. Thus, the father can play a significant role in promoting the early development of this caring behavior.

It is recommended that parents become informed of the research on prepared childbirth, father involvement, and parent-infant bonding. As well as the more research-oriented studies supporting these practices, an overwhelming amount of parental testimony is available in their support in the current literature on childbirth and child bearing practices (La Leche League International). On the other hand, one does not find such parental testimony in favor of medicated, routinized birthing procedures. Once again it is recommended that information on these critical subjects be included as a mandatory part of the high school curriculum if we are truly dedicated to the goal of developing a more caring society.

Nursing and Weaning

> The biggest and most important emotional learning of the baby's first year of life is to develop a basic sense of trust in the adults that take care of him or her. Babies need to learn 'If I cry, then somebody comes,' 'If I am uncomfortable or hurt, somebody comforts me.' Without this early learning experiences that people care when he cries, a baby may grow up to be somewhat suspicious of others,

> not really trusting in the world, and later on, not feeling much like being generous or friendly to others in his turn. (Honig, 1975, p. 3)

There is mounting evidence that nursing one's infant through at least the first year of life is not only nutritionally superior, but may also enhance the development of a child's basic sense of trust in the world (La Leche League International, 1981). There are a number of reasons, discussed in the work, The Womanly Art of Breastfeeding (La Leche League International, 1981) which support such a claim:

1. Breastmilk has been found to be more digestible for a large number of infants, thus contributing to their comfort, as well as physical health. When an infant is not suffering from indigestion, he is more likely to take an active interest in the world, to be responsive to his caregiver, and to elicit further response from her in return.

2. A nursing mother can respond immediately to her infant's hunger needs, whereas a mother who bottlefeeds frequently has to prepare a bottle before feeding her infant. Research has indicated that ". . . prompt response to clear signals of infant distress has been found correlated with the most optimal outcomes for babies. Moreover, Ainsworth has suggested that "vicious"

or "virtuous" spirals of caregiver interaction can ensue" (Honig, 1981, p. 7).

3. A nursing mother necessarily provides body contact during nursing, whereas a mother who bottlefeeds may prop a bottle. Infant-mother contact has been determined to be essential to the development of caring individuals (Montagu, 1971).

Whereas nursing one's infant is once again becoming increasingly popular in this country, prolonged infant-led nursing is now relatively rare (Bumgarner, 1980). In fact, such a practice has been looked at as either fostering overdependence or spoiling a child, and perhaps leading him to be sexually deviant (Bumgarner, 1980).

In her book, Mothering Your Nursing Toddler, Norma Bumgarner responds to these criticisms by saying:

> . . . things that are spoiled are things that have been left on the shelf to rot. Nursing does not contribute to such spoilage. . . . Without attention to our children's need to learn how to receive love through an intimate relationship and to give love through slowly improving consideration for the feelings and property of other people--without such attention our children will be spoiled. (1980, p. 41)

She points out that in the not-too-distant past nursing was almost always continued past infancy. In ancient India parents believed that the longer a child nursed, the longer he lived, and children commonly nursed

till the age of seven or nine. In England, it wasn't until the 1800's that a significant number of English doctors began to recommend weaning as young as twelve months--recommendations of early weaning came with the Industrial Revolution (Bumgarner, 1980).

The following, more recent statistics (from Bumgarner, 1980) indicate the prevalence of prolonged nursing in this century:

1. In the early 1900's Chinese and Japanese mothers still nursed four to five years.
2. In World War II, Burmese children nursed to the age of three to four years.
3. In 1956 in Tsinghai, China, mothers nursed several years and nursing four to five years was not uncommon.
4. A 1945 study of 64 primitive cultures found only one in which a child was ever weaned as young as six months.
5. Today the primitive Sirions of Bolivia seldom wean before the age of three. Prolonged nursing is also common in East Africa, New Guinea and the Philippines.

It would be interesting to compare the incidence of prosocial behavior in these cultures to cultures in which prolonged nursing was less common. The above data were included in this paper not to draw the conclusion that

prolonged nursing facilitates the development of more caring individuals, but to support the more modest claim that prolonged nursing should not be considered as deviant.

In addition Bumgarner reports numerous examples of parental and toddler testimony of the satisfactions of prolonged nursing. One mother reports

> Through example and experience I was happily able to learn that weaning does not have to be imposed upon a child and that nursing can--and should--continue as long as mother and child want it to. (1980, p. 2)

Mother after mother testified that the more you satisfy a child's basic needs, the easier life is, and the more he learns to do his part in the family ". . . as a group formed to take care of each other. It is not our job simply to take care of children but to help them learn to care for themselves" (1980, p. 11). Thus, parental testimony supports our theoretical contentions that care during the dependency period fosters the development of independence and caring.

Bumgarner includes precious quotes of nursing children indicating nursing was very special to them. One boy wanted his mother to refuel his truck with breast milk--"He wanted only the best for his prized possession" (1980, p. 17). Others describe breastmilk saying "Delicious" and "It's my favorite" (1980, p. 17).

Thus it is recommended that the possible relationship between prolonged nursing and the development of caring individuals be researched. Such a connection makes theoretical sense and is supported by parental testimony. It is recommended that parents be informed of the option to continue nursing and supported, rather than criticized, by professionals in their decisions to prolong nursing as ". . . the supposed dangers of nursing too long have just not been documented" (Bumgarner, 1980, p. 30).

The Family Bed

Earlier in this paper, research from Tine Thevenin's The Family Bed was cited indicating that co-family sleeping has been practiced throughout the ages throughout the world (1976). In her book, Thevenin surveys mothers as to why or why not they practiced co-family sleeping. She found that the majority of reasons parents gave for not allowing family sleeping together were parent-oriented, whereas those in favor of the practice gave both parent and child-oriented reasons. Many of the reasons against co-family sleeping involved societal disapproval. "Some parents hesitate in taking an unhappy baby or child into bed with them because early examples and childrearing books have greatly interferred with their natural reactions to the cry" (Thevenin, 1976, p. 33).

Thevenin cites substantial parental testimony that, just as a child will naturally wean himself when ready, so will he naturally move to his own bed or to that of a sibling when he has outgrown the need for continuous night comfort (1976). Thevenin cites research by Montagu that indicates that the breastfed baby who sleeps with his family is more affectionate,

> . . . and seems better able to deal with the social process. Parents have verified that such a child also seems to have a higher degree of empathy for other members in the family. This can only graduate to a feeling of empathy for others. . . . The ability to show this affection and understanding of others arises out of the satisfaction of self esteem, which depends primarily upon a dependent relationship with the parents. . . . (1976, p. 49)

Thus, there is tentative support that the practice of co-family sleeping might contribute to the development of more caring, empathic children. Once again, such a position makes theoretical sense. Such contact might well enhance the process of attachment which has been linked by so many theorists to the development of caring individuals. Systematic research on the developmental effects of co-family sleeping is necessary. In the meantime, parents can be urged to consider such a possibility, especially for children who have sleep difficulties. In the absence of evidence of harmful consequences of co-family sleeping, it seems that professionals who recommend that children

never be brought to the parents' bed, do so on the basis of ignorance and prejudice.

The Working Mother

With the upsurge of women returning to work before children return to school, much research is underway to determine the long term consequences of mothers working on the development of the child. While a review of the relevant research is beyond the scope of this paper, a few points will be made:

1. Books that strongly support the mother's working, such as Norris and Miller's The Working Mother's Complete Handbook, tend to focus on benefits to the mother, rather than the child (1979).

2. Books that focus on the importance of mothers staying home during the first few years of a child's life, such as White's A Parent's Guide to the First Three Years, tend to focus on the importance of the mother's presence in the early emotional development of the child (1980).

3. There are many complex factors, such as mother's and father's personalities, parents' attitudes toward work, child's personality, care-taking arrangements, and when a mother returns to work, which interact to influence a child's development. An arrangement which has positive

consequences for one infant, may have negative consequences for another.

4. After a review of some of the relevant literature, in her article, "What is the Optimal Learning Environment of the Young Child?" Bettye Caldwell infers ". . . that the optimal learning environment for the young child is that which exists when a) a young child is cared for in his own home, b) in the context of a warm and nurturant relationship, c) with his mother (or a reasonable facsimile thereof) under conditions of d) varied sensory and cognitive input. . . . When these assumptions are carefully examined they are found to be difficult if not impossible to verify with existing data" (1965, p. 19). These assumptions make theoretical sense in light of our analysis which indicated that the biological mother is most likely to ontologically care about the child, and this caring is most likely to become a part of the child's personality via the processes of identification and reciprocation.

Yet the fact remains that an increasing number of mothers are returning to the work force, by economic necessity (particularly in the case of the growing number of single mothers), or by choice. When seeking a caregiver to take care of their child, the nurturant caring qualities of the potential caregiver should be a critical criteria,

over education, wealth, educational equipment or convenience. It is also possible that such practices as nursing and co-family sleeping might be even more critical for a working mother, as these practices provide the mother-child contact that is essential to the formation of a healthy attachment and to the subsequent development of a caring individual.

Responsiveness, Acceptance and Communication

Whereas prepared childbirth, parent-infant bonding, rooming in, infant-led nursing and weaning, and co-family sleeping are practices which may enhance the development of more caring individuals, none of these practices alone or taken together is sufficient for developing a caring individual. Rather they may be seen as potent stimuli which may evoke more caring behavior on the part of the mother, by ensuring the contact that is necessary for the development of attachment and the subsequent development of a caring individual. Nursing is not equivalent to good mothering (though it may be a component of good mothering), any more than making hoop shots is equivalent to good basketball. We will now turn our focus to more pervasive attitudes, beliefs, and skills that the research has indicated are operative in the raising of a caring individual.

> Mothers who provide a lot of love and attention to an infant's little hurts and who are firm in non-acceptance of their infant's negative behavior towards others have toddlers who display the most concern and showing caring and helping behaviors towards others in distress. (Yarrow & Zahn-Wexler, 1977)
>
> Giving love and attention to an infant teaches the infant how to become a concerned giver to others. (Honig, 1981)

Research has continually shown that nurturance including unconditional acceptance of a child, coupled with high expectations for a child's behavior, yield a child who is more apt to behave in a prosocial way (Mussen & Eisenberg-Berg, 1977). Attitudes that deviate from unconditional acceptance of a child are likely to hinder the emotional development of the child (Kliman & Rosenfeld, 1980). In his article, "Discipline Means to Teach," Homan draws a distinction between a child and his behavior and says that we should always criticize the act and never criticize the child (1969). The difference between the phrase "Bad boy!" and "Biting is bad and I won't tolerate it!" can be the difference between a low and a high self esteem (Homan, 1969). Numerous other authors support this distinction (e.g., Faber & Moglish, 1980; Gordon, 1975). One can lovingly accept a child and at the same time criticize his behavior.

Responsiveness to a child's needs has been claimed by a variety of theorists to be associated with the development of more caring individuals. Bumgarner criticizes

professionals who encourage parents to let their child "cry it out."

> To ignore a child's cry teaches him a lesson of course--It teaches a child that even when he is so small and miserable that he can figure out nothing to do about the way he feels besides cry, still no one will help him. And as ugly as this lesson is during the day, it is much worse at night, the very time crying it out is most often recommended. For the night fears can combine themselves with the loss of his mother's comfort--to turn into the kind of nightmare we see in horror films. (1980, p. 176)

Such responsiveness will help a child develop a sense of trust in their caregiver, and a sense of trust in their own body signals and needs as being important (Erikson, 1963).

In addition, it is argued that nurturance will enhance the identification process and therefore increase nurturing behaviors on the part of the child. According to Piaget, this will occur because the interaction of a child with his environment, particularly a caring adult, is necessary for moral growth. For a social learning theorist, parental nurturance will be seen to increase the likelihood that the parents' nurturing behavior will be internalized (as such behavior will become self-rewarding) in the parents' absence. According to a psychoanalytic theorist, the child identifies with his parent and incorporates the parents' moral standards and values in the formation of the superego.

What does the research indicate about the role of parental nurturance in the development of caring individuals?

Once again, the available research comes from the investigation of prosocial behavior, which we have argued does not necessarily indicate caring. Available data on the relationship between prosocial behavior and parental nurturance offers equivocal results. "While some investigators found that parental nurturance stimulates the development of generosity, others fail to confirm this" (Mussen & Eisenberg-Berg, 1977). After a review of relevant studies, Mussen and Eisenberg-Berg conclude that "Nurturance is most effective in strengthening predispositions toward prosocial behavior when it is part of a pattern of child-rearing that prominently features the modeling of prosocial acts" (1977, p. 92).

What are some of the other factors involved in this pattern of child rearing? After a review of the relevant research, Mussen and Eisenberg-Berg indicate the following factors are significant influences on the development of prosocial behavior:

1. Parental modeling and identification are significant. The commonsense notion that "Actions speak louder than words" receives empirical support.
2. Nurturance, if part of a pattern of parent-child interactions including modeling, is significant.
3. "Reasoning with children (induction) is conducive to the development of

prosocial orientations, while parental control by force or power tends to counteract this development" (1977, p. 99).

4. "High maturity demands on the child and early assignment of responsibility for others stimulate the acquisition of prosocial tendencies" (1977, p. 99).

5. "Children become more helpful when they feel happy or successful; when they receive direct rewards for helping; after they have been exposed to preaching that stresses reasons for helping; if they are assigned responsibility" (1977, p. 159).

These findings have been corroborated and expanded upon in a study on child-rearing and prosocial behavior in which maternal child-rearing behavior was examined in relation to children's reparation for transgression and altruistic response (Zahn-Waxler, Radke-Yarrow, & King, 1979). Some strengths of this particular study are:

1. It focused on the development of young children's development of prosocial behavior, age one and one-half to two and one-half.

2. In a naturalistic setting.

3. In relation to maternal child rearing patterns.

4. It focused on the possible relationship between the development of altruism (aid to a bystander) and

of conscience (reparation-aiding another when you have caused the distress), two variables frequently studied separately.

A limitation of the study was that mothers, after training, were used as observers and could have been biased. The results emphasized the significance of a particular pattern of parent-child communication in the development of altruism and conscience.

1. Mothers who frequently explained the consequences of behavior had children with higher reparation scores.
2. Mothers who stated generalized rules about not hurting others were most predictive of reparation.
3. Mother's direct suggestion to make amends was positively correlated with altruistic behavior of children.
4. Mothers who frequently gave reassurance had children who frequently made reparation.
5. In contrast, mother's prohibitions without explanation were a deterrent to altruism. It was suggested that frequent use of "no" and "stop" in the absence of clarifying information may result in a generalized inhibition in all situations of distress.
6. Regarding parental nurturance, the average altruistic rate of response was 46 per cent in children whose

mothers were rated high in empathic caregiving, almost twice that of those rated low (24 per cent).

7. In addition, children of highly empathic caregivers were more likely to evidence concerned emotional expressions (Zahn-Wexler, Radke-Yarrow, & King, 1977) which suggests a more genuinely caring response.

This study suggests a relationship between the development of altruism and of conscience, between affective and cognitive components discussed in our analysis of caring and between the development of caring behavior and clear and intense cognitive and affective communication and modeling of the mother.

So what if a mother is quick to say "no," rarely explains, and is involved in a spiral of mutually unsatisfying exchanges with her child? A number of authors (Gordon, 1975; Faber & Mazlish, 1980), and a growing body of parental testimony, argue that parental training in effective communication skills, such as sending effective "I messages" and problem solving with a child, can lead to mutually more satisfying spirals of relating. It is recommended that training programs such as Thomas Gordon's Parent Effectiveness Training (1975) be included in parent education programs, as a means of creating a more satisfying parent-child relationship.

Summary of Parent-Child Variables Which Facilitate the Development of Caring Individuals

Much of the proposed application of theory and research to the development of caring individuals has been speculative or inferential, from child development theory and from research on the development of prosocial behavior. A number of practices have been suggested as possibly contributing to the development of caring individuals including:

1. Wanting a baby well, for child-oriented reasons.
2. Parent-infant bonding.
3. Infant-led nursing and weaning.
4. Nurturant maternal child-rearing in the home under conditions of varied sensory and cognitive stimulation, thus facilitating strong identification with the mother.
5. Co-family sleeping as a solution to nighttime sleep problems of children.
6. An attitude of unconditional parental acceptance of the child.
7. Sensitivity and responsiveness to a child's needs.
8. Parental modeling of caring behavior.
9. Methods of discipline focusing on use of reasoning and explanation

rather than prohibition and punishment.

10. High expectations and early assignments of responsibility.

11. Effective communication skills on the part of the parent.

Much more research is needed to determine how these variables interact to influence the development of caring individuals. In addition, other variables such as the role of the father and significant others, the effects of daycare, and alternative child care arrangements, the effect of divorce and single parenting, of "permissiveness, democracy in decision-making, imposition of restrictive rules, family cohesiveness . . ." (Mussen & Eisenberg-Berg, 1977, p. 100), and other variables need to be explored. In addition, our analysis has tended to focus on the normal child in a two-parent home environment. Implications for foster care, and other unusual circumstances, need to be explored. The relationship between caring and other prosocial concepts need to be made more explicit, and the development of caring needs to be explored more directly.

Conditions Facilitating Caring in Our Day Care Centers and Preschools

The development of "caring" institutions has been even less directly explored than that of caring individuals.

With an increasing number of young children in day care and preschool programs, it is critical to examine factors in these situations that enhance the development of their capacity to care. Noddings, in her analysis of caring, makes some recommendations for caregiving institutions that flow from her definition of caring as involving engrossments in and being present for another, having a regard for, and attitude of protective responsibility towards another (1979).

She points out that, as a society we cannot care directly, but can provide a supportive environment conducive to caring. Because caring results from responsiveness over time of one individual to another, extended interactions must be provided for (Noddings, 1979). In the day care setting this might involve one caregiver working with a small group of children over an extended period of time. This group might best be multiaged to allow children to share in responsibility for each other, a factor which research has related to the development of prosocial behavior in the home situation (Mussen & Eisenberg-Berg, 1977). Noddings suggests that in school situations one might try "schools within schools" and teachers might stay with classes for two to three years (1979).

> Rules must be converted, wherever possible, to principles and guide-lines. Those entrusted with caretaking must also be entrusted with making judgments. Variability in treatment must be expected and

> encouraged with appropriate justification, caring reduces the necessity for justice. (Noddings, 1979)

In their book, Towards a Caring Society, a U. S. study team which visited England, Scotland and Wales, reports that their local social services operate on the philosophy described by Noddings in the above quote (Morris, 1974). Staff members are encouraged to focus on human problems before red tape. Area teams are set up and their first objective is

> . . . to prevent human deterioration, to improve the lives of the most vulnerable in our population . . . to meet needs on the basis of the total requirements of the individual or the family rather than on a limited set of symptoms . . . to provide a clear and comprehensive pattern of responsibility and accountability over the whole field. (Morris, 1974, p. 34)

Such a wholistic focus, in Noddings' words, "variable, rather than rulebound," encourages local, personal involvement in social services. As Mussen and Eisenberg-Berg pointed out, specialization in a culture is negatively related to prosocial behavior. Such a formulation has implications for our own programs in the United States, particularly outreach programs. The U. S. study team strongly supported this collaborative, "generic social service" approach to human need (Morris, 1974, p. 34).

Noddings suggests that caring might be rewarded by organizations, rather than discouraged. Parents might be allowed ". . . to stay home with sick children; to make

and receive phone calls from family members; to bring infants to work, under suitable conditions (a baby is no more a distraction in an office than in a kitchen); to participate in community activities requiring one-to-one interactions" (1979, p. 17). Day care centers and preschools should be at the forefront in modeling these practices.

This implies a corollary practice of parent involvement in education.

> Accumulative research data have given impetus to a growing awareness of the basic and critical nature of parent involvement for producing healthy, happy, and active child-learners, regardless of whether those learners are yet in some sort of more formal child care or schooling system, or in the primary care of parents and parent surrogates. (Honig, 1971, p. 9)

Such involvement can take many forms, including parent supervision of and planning with staff members, parent participation in the center and classroom, staff visits to parents' homes, and resource exchanges between parents and staff.

Caring: Supporting Children's Growth, a national publication, outlines the following guidelines for creating caring environments conducive to children's growth:

1. Acceptance of children, affirmation of the value of each child in terms of existence and not achievement, is essential to every approach. In order for this acceptance to occur one must

". . . be able to feel what it is like to be that person" (Warren, 1977, p. 2). Warren thus links role-taking ability on the part of the caretaker to the acceptance of the child. She supports our earlier claim that caring can require effort when she says that acceptance does not happen automatically--it is a goal rather than a given.

2. Respect for acceptance of differing family cultural values is essential.

3. "Acceptance and respect for children may be of greater importance than 'love.' Love is a fringe benefit which adds pleasure to a relationship. . . ." (1977, p. 4).

4. Adults need to share resources with children rather than use them against children.

5. In working with parents, professionals need to offer themselves as peer models, not as ". . . disapproving critics or false peers sneaking in little lessons" (p. 9).

6. Professionals need to get to know parents as individuals and focus more programs on meeting parents' developmental needs.

7. Children perceive our attitudes, and will freely love more than one adult only if those adults feel positively towards one another. Such multiple

love relationships may be critical to the formation of basic trust and the subsequent development of caring for children in day care.

8. Childcare workers need to build self esteem in children by letting rules flow from their needs, directly communicating our needs, respecting their autonomy, dealing with them honestly in discussing their problems, and helping them to successfully deal with separation and perceive it as a positive move in the process of growing up (Warren, 1977).

A number of other authors see caring as a quality that can be developed and taught. Honig says, "Emotional learning is indivisible from and totally integrated with other developmental tasks. Helping infants and toddlers to develop into wholesome, caring persons is of the highest priority for providers" (Honig, 1978, p. 15). Honig emphasizes that unless caregivers help a child establish a basic sense of trust in the world, and provide a sense of security, he will not be able to learn. Caregivers can help develop this sense of trust by providing caring, loving contacts with the child (1981).

Dorothy Kobak, a psychiatric social worker in New York City, says that caring is a learnable and teachable subject that can be programmed into a school curriculum (1979). She supports Noddings' claim that we can develop

caring in individuals through providing them with opportunities for genuine caring.

The techniques she suggests, which are applicable to work with young children, are

1. Schedule a dialogue period daily around prepared and spontaneous topics related to caring, e.g., death of a parent, a playground fight, sympathy and stealing. The caregiver asks questions focusing on empathic responses, constructive solution to problems, and clarification of perceptions and values. Group members become helpers in facilitating a member's solution to a problem, e.g., "How can we help John quit stealing?"
2. Creativity tools, such as poetry, drama, role plays, and psychodrama are used to focus on expression of feelings and developing awareness of other's feelings.
3. Action projects, such as community action projects and collecting pennies for people were utilized, in which older children acted as models for young children. The focus here is on development of concern and commitment (Kobak, 1979).

In evaluating the success of such programs at the elementary level, Kobak says that, "Where school principals have given support and included caring in the curriculum

formally, consistently, and effectively, there have been gains in academic achievement, classroom management, and school harmony" (1979, p. 55). It seems that applications of such practices to preschool and day care programs are worthy of further investigation. Research on group process, in general, support the claim that time spent on person-oriented activities and concerns increases group cohesiveness, positive feelings towards one another, and productivity (Luft, 1970). It makes sense that if children are encouraged to share their concerns and feelings, and to become aware of the concerns and feelings of others, they will develop more caring relationships.

A study by Staub, on "The Use of Role Playing and Induction in Children's Learning of Helping and Sharing Behavior" points to a potentially potent tool for early childhood educators (1971). Staub assumes that when another person is in distress

> . . . empathy may lead to the vicarious experience of his suffering. The expectation of decrease in his suffering and of parallel changes in the feelings of the helper may motivate helping behavior. A second potential influence on helping behavior is skill in, or knowledge of, behavior needed for helping a distressed other. (1971, p. 806)

It is interesting that Staub combines a Freudian view that empathy is self motivated, with a social learner's assumption that helping behavior is a learned skill in or knowledge of behavior. He then goes on to suggest that role

playing might facilitate the child's development of perceiving events from a variety of points of view, or in Piaget's terminology, of decentering. Such an integration of theoretical orientations is common in the literature on prosocial behavior, and can add richness and depth to an investigation such as Staub's.

Role playing was also hypothesized by Staub, as helping a child learn helpful behavior. A second procedure, induction, in which consequences of behavior for others is pointed out, was utilized as another variable. Piaget would criticize the sole use of induction as it does not allow for active participation and interaction of the child, as does role playing.

Staub utilized four experimental treatments: role playing, induction, role playing with induction, and control, and measured the effects of treatment on both a posttest and delayed posttest.

Staub found that

> . . . following the role playing of scenes in which they enacted both the roles of helpers and victims, girls helped a distressed child significantly more and boys shared with a needy other significantly more than control Ss who enacted scenes in relation to helping. (p. 813)

These effects persisted five to seven days after the training sessions, in the case of boys' sharing behavior; evidence suggests that a general process of some sort was affected, since distress, rather than sharing, was the focus of the

role play. Induction was found to have little effect on the helping and sharing behavior of children.

Staub's study suggests that experiences in which children actively practice a model caring behavior might be helpful in developing the child's ability to perceive events from another's point of view and empathize with them. The use of role playing of caring, in addition, might increase one's social knowledge and repertoire of caring behavior. Such role playing experiences might be integrated into the normal, spontaneous role-taking play of young children by an astute and opportunistic caregiver.

Conclusions on the Role of Caring-- Enlightened or Educated Caring

Our analysis has supported a personalized wholistic view of caring as a multifaceted concept involving cognitive, affective, and relational components.

We have viewed caring as a dynamic human process, rather than a static quality of an individual, which can spiral and grow, given nurturance, in depth and breadth.

> From dependency to attachment, through caring, the infant will construct the confidence that enables him to separate and grow, so that even in that growth he will be able to form the new kind of fusion known as identification which will lead to love and loving. We find a way of using the best, the most loving aspects, of even imperfect parental figures to build that self-image which is necessary for us to grow into loving,

> caring people of sustaining the cycle of care vital for the survival of a species designed like ours. (Gaylin, 1976, p. 172)

However, real life does not always follow the idealized process which Gaylin describes. Our analysis has tended to lend some support to the claim that in order to get love one must receive love, and the love you give is equal to the love you get. Thus, children deprived of early love may be limited in their capacity to care.

Cross-cultural evidence (Mussen & Eisenberg-Berg, 1977) also supports Noddings' claim that our rationality and tendency to abstract may lead us in the institutionalization of caring, away from true caring which is spontaneous, immediate, empathic engrossment in another and involves being present for another.

In our analysis of caring we have drawn from a variety of theoretical viewpoints, and from research on a variety of related concepts in the prosocial literature. The research has suggested a number of variables, including our biological nature and processes such as bonding and nursing, nurturance, responsiveness, acceptance, clear and explicit communication, modeling, and opportunities for caring in real and in role played situations, which interact in the development of caring individuals.

Given that increasing numbers of young children are spending at least part of their days in caregiving

institutions, we need to investigate how we can best provide opportunities for caring relationships to flourish in such a setting.

> The intrinsic rewards of caring must be acknowledged, and persons must be freed of the constraints which now prevent their harvesting these rewards. . . . this means a shift away from rule-bound accountability, away from product-oriented evaluation, away from insistence on uniform competencies. It means a move toward helping rather than rating, toward long term and perhaps, joy filled, personal relationships. (Noddings, 1979, p. 18)

But, given that caring is an essential and critical part of our natures, without which we would no longer be human, we must then concede that caring plays a limited role in our existence. Caring, alone, will not insure the survival of the species. And as the history of childhood demonstrated, practices ranging from whipping a child for any minor transgression, to permitting a child to do most anything, have occurred in the name of caring.

We might remember the Jungian balance of our natures, the integration of the rational, power oriented masculine principle with the nurturant, responsive feminine principle, and realize that not only caring but educated, enlightened caring is essential to our continuance and evolution as a species. Not only can we strive for such balance within ourselves, but also between ourselves, in our families, so that we are able to develop more fully into that which is inherent in us.

> The family is not, we are learning at last, a gathering of people around a mother who takes care of them all, or around a father who takes care of them all. Families are groups of people who take care of each other. (Bumgarner, 1980, p. 3)

We can strive to become, through reflection and observation, increasingly aware of the effects of our child rearing practices, and can communicate our discoveries with others so that educated, enlightened caring can and will flourish.

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